STATE OF WISCONSIN ELECTIONS COMMISSION

COMPLAINT FORM

Please provide the following information about yourself:
Name James Barrette
Address 9907 14 St, Kenosha, WI 53144
Telephone Number 262-498-2551
E-mail jimbarrette@wi.rr.com
State of Wisconsin
Before the Elections Commission
The Complaint of James Barrette
, Complainant(s) against
MICHELLE SHRAMEK, Clerk , Respondent, whose
address is 6969 - 236th Ave. Salem, WI. 53168
This complaint is under (Insert the applicable sections of law in chs. 5 to 10 and 12 and other laws relating to elections and election campaigns, other than laws relating to campaign financing)
James Barrette , allege that:
While working as an election inspector in the municipality of Paddock Lake, on April 5, 2022, I observed
one person remaking absentee ballots that had been rejected by the voting machine
ALONE. This was a violation of Wis. Stats. 5.85(2)(b) (if they were remaking ballots with overvotes) or 5.85(3) if the ballots were otherwise damaged or defective.
Regardless of the reason for the remake, two inspectors should have been involved in the process (including one from each party, which were available).
It should be noted that I did talk to the chief election inspector and clerk about the issue but all of the ballots
had already been remade and counted.

(Set forth in detail the facts that establish probable cause to believe that a violation has occurred. Be as
specific as possible as it relates to dates, times, and individuals involved. Also provide the names of
individuals who may have information related to the complaint. Use as many separate pages as needed
and attach copies of any supporting documentation.)
Date: June 6, 2022 Jams Bant
Complainant's Signature
I, James Barre He, being first duly sworn, on oath, state that I personally read
the above complaint, and that the above allegations are true based on my personal knowledge and, as to
those stated on information and belief, I believe them to be true.
Complainant's Signature
STATE OF WISCONSIN
<i>A</i> ·
County of Kacine,
(county of notarization)
T
Sworn to before me this 6 day of
Jue , 20 22.
(Signature of person authorized to administer oaths)
My commission expires 06/05/302 for is permanent.
Notary Public or Relationship Banker
(official title if not notary)

Please send this completed form to:

Wisconsin Elections Commission Mail:

P.O. Box 7984

Madison, WI 53707-7984

(608) 267-0500 Fax:

Email: elections@wi.gov